



# Building capacity for chronic disease prevention in Community Health Services:

## Experiences of collaboration between research and practice

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on behalf of the Community Health SNAP Project Team

**Centre for Primary Health Care & Equity, UNSW**

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Research Centre for  
Primary Health Care and Equity  
*Research that makes a difference*



# Background – Main Study

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- ③ Pilot feasibility study to improve the capacity of community health services to address chronic disease risk factors as part of routine practice
- ③ Collaboration between NSW Health, Centre Primary Health Care & Equity, UNSW and 2 pilot Area Health Services
- ③ Action Research – how to embed brief interventions to change lifestyle risk factors (shown to be effective in efficacy trials) into routine practice in community health consultations

# Presentation Outline

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- 1) To outline the **process of collaboration** between researchers and primary health care providers in building capacity for community health services to build lifestyle risk factors into routine service delivery
- 2) To identify the key **facilitators** and **challenges** of this collaborative approach

# Methods



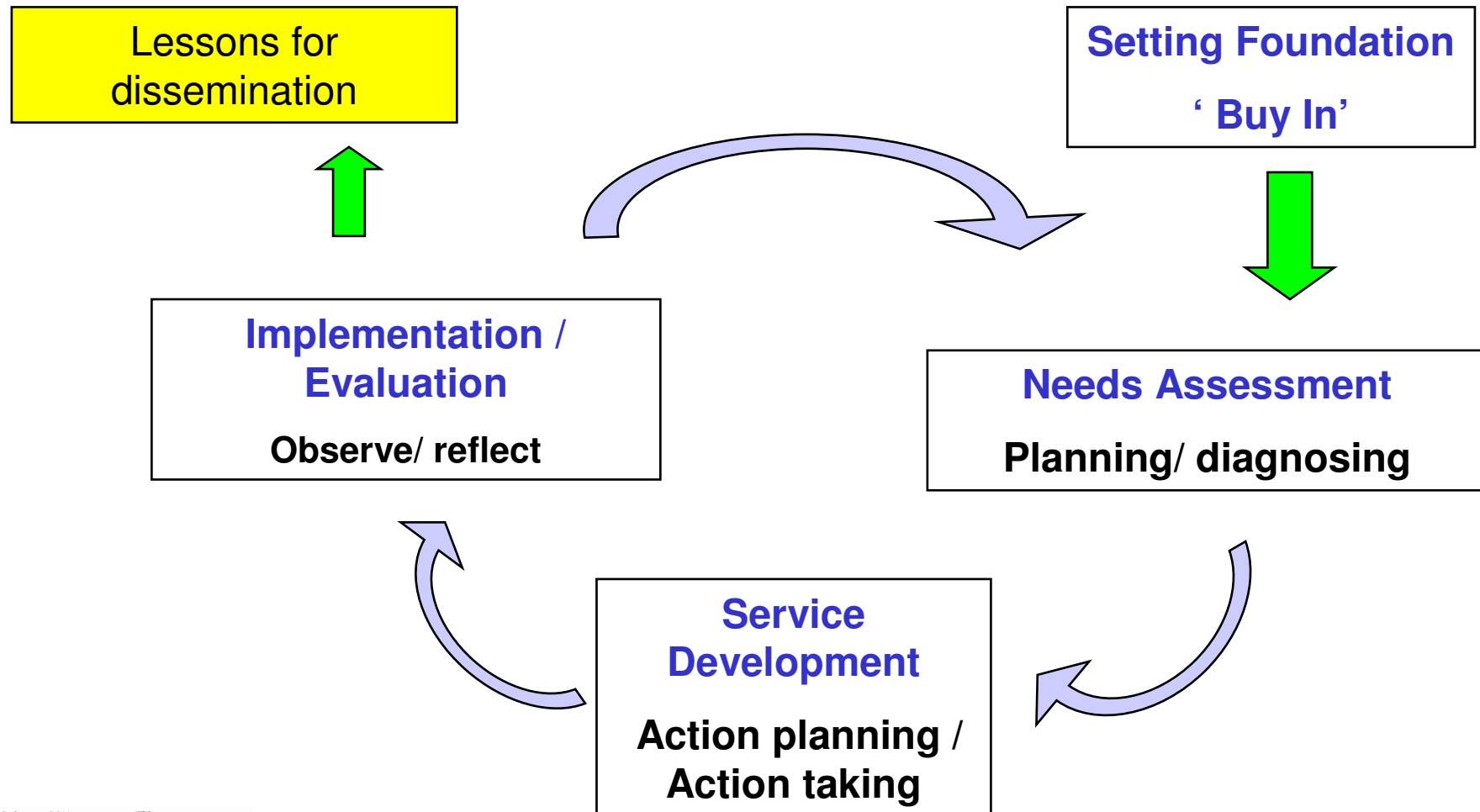
## Data Sources:

- 1) Reflective journal kept by Project Leader of key issues arising during the project
- 2) Consultation workshop with project stakeholders (transcribed verbatim)

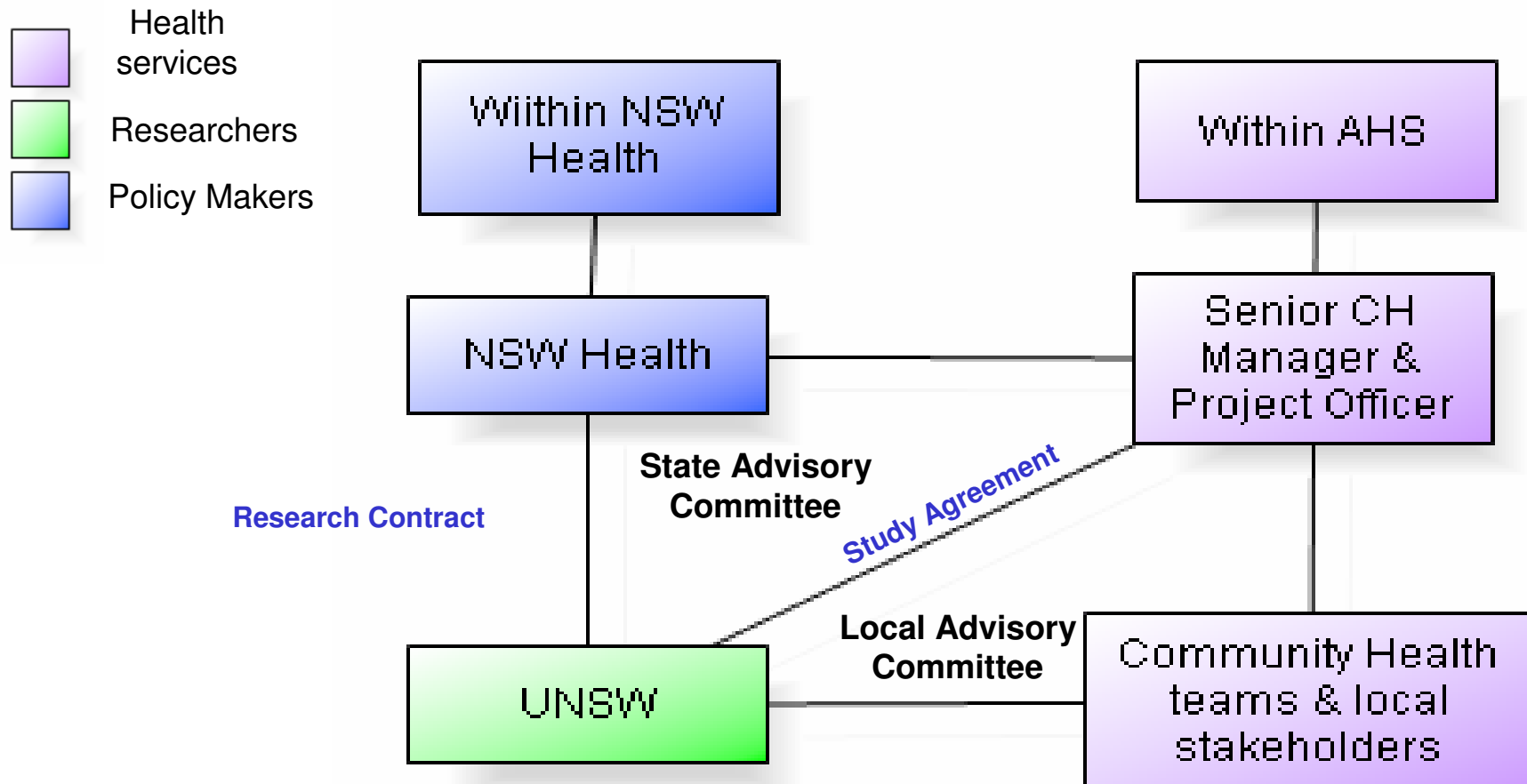
## Analysis:

- ⊙ Coding of issues relevant to collaboration from data sources using NVivo 7
- ⊙ Identification of key themes emerging from across data sources
- ⊙ Themes feedback to project stakeholders for clarification / additions

# Collaborative Processes



# Collaborative Structures



# Facilitators of Collaboration



Strong partnership between researchers & funders

Tangible benefits for all parties, congruence with core values

- Clinicians
- Community Health Services
- Researchers
- Policy Makers/ Funders

Clear roles and responsibilities

- Researchers – data collection /analysis, ‘content experts’
- AHS – service development ‘context experts’
- Funders – links with other initiatives

# Facilitators of Collaboration



## Flexible and tailored approach

- Ability to tailor capacity building approach to the needs of the service
- Flexible approach to consultation that fits in with routine activities

## Work with change agents / project champion

- To drive changes in work processes
- Gatekeepers to working with teams/services

## Researchers as facilitators

- Researchers provided tools/evidence to support service development
- Researcher understanding of community health & its context

## Consistent personnel throughout the project

- Researchers and funders

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# Challenges of Collaboration



## Obtaining 'Buy In' at all levels

- Extending commitment from managers (who originally agreed to participate) to clinicians.
- Getting clinicians and managers to appreciate the requirements of research

## Continual changes to service/organisational context

- AHS re-structure, changes to key staff (project champions)
- Process for making changes to work processes under review
- AHS priorities under review, competing priorities

## Research versus service development / policy timeframe

- Changes to work practices & systems in complex organisations takes time!
- Alignment of timeframes requires flexibility by all parties

# Key Lessons



- A case study of collaboration between researchers, primary care providers and policy makers during challenging times
- Further data will be collected as part of the project evaluation

## Key Lessons

- Action research provides a useful methodology for collaborative research in real life contexts
- Identify and work closely with internal project advocates or change agents
- Consider the research timeframe carefully when planning collaborative research involving changes in work practices
- Be flexible in your approach and set up processes for ongoing consultation at all levels

# Acknowledgement

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